



Earthlink Incorporated

Referral Form

ALL PARTS OF THIS FORM MUST BE COMPLETED BEFORE RETURNING TO Earthlink.Inc

Referring Agency details Date...../...../.....

Name of Agency.....

Contact Person..... Phone..... Mobile.....

Referral Clients details: PLEASE STATE FULL NAMES AS THEY APPEAR ON LEGAL DOCUMENTS INCLUDING MIDDLE NAMES AND ALIAS NAMES IF APPLICABLE

Name..... D.O.B...../...../.....

Address..... Phone.....

Email..... Mobile.....

Gender..... Pronouns.....

Covid Vaccination Status: Y - N

Emergency Contact Name.....

Relationship.....

Emergency Contact Phone.....

Ethnicity..... Iwi.....

Mental Health Issue/Illness/Addiction

.....

I agree that my information as shown above is true and correct

Clients Signature..... Date...../...../.....

**Please bring this form to your first appointment or scan and email it to:
alison@earthlink.org.nz**

The Client's signature must be completed on this referral to comply with the Privacy Act 2020.

Office Use Only

Date of receipt...../...../..... NHI.....

Referral status. Accepted/Declined. Name:..... Signature.....

Designation.....

